



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 114th CONGRESS, FIRST SESSION

Vol. 161

WASHINGTON, WEDNESDAY, JULY 29, 2015

No. 121

House of Representatives

A Sacred Trust: Celebrating Medicare's 50th Anniversary

Mr. Smith of New Jersey: Mr. Speaker, I take this opportunity today to mark the 50th anniversary of Medicare and to express my strong support for the programs that provide health coverage for older Americans.

Fifty years ago, our country made a commitment to our seniors. A commitment that said if you worked hard and paid into the system you would have access to quality healthcare in retirement. To this day, Medicare continues to provide health insurance coverage for millions of Americans age 65 and older, and adults with permanent disabilities. Medicare, along with Social Security, is a sacred trust that I have consistently fought to preserve and one that we must continue to protect for the 54 million Americans enrolled in Medicare today—and those who will enroll throughout our nation's tomorrows.

Amended and improved throughout the years, Medicare has come to play a key role in providing health coverage to millions of Americans. The Social Security Amendments of 1965, established Medicaid to ensure low-income families have access to healthcare; Social Security Amendments

of 1972, extended Medicare eligibility to individuals under age 65 with long-term disabilities; then later the Medicare Prescription Drug, Improvement, and Modernization Act of 2006, established the Medicare Advantage program and a new landmark prescription drug benefit known as Medicare Part D.

In addition to large scale changes to the program, I have supported and worked on policies that address specific aspects of Medicare to both raise the quality of life for beneficiaries while also saving the program money in the long run. For example, I authored legislation that was signed into law (PL 100-203) to provide Medicare coverage for therapeutic shoes for seniors with severe diabetic foot disease. At the time, Medicare covered costly amputations—which an estimated 25,600 seniors received annually—but not the therapeutic shoes what would prevent the need for those amputations. The American Diabetes Association estimated that my bill would save Medicare over \$100 million in one year alone, while the affordable and available foot care would spare seniors the trauma of an amputation.

And my work to sustain and protect the program continues. Earlier this year I was pleased to lend my support to the Medicare Access and CHIP Reauthorization Act of 2015 (PL: 114-10) which finally repealed the flawed SGR—the statutory method for determining the annual update to the Medicare physician fee schedule. Previous temporary patches to the SGR were unsustainable and unproductive, leaving seniors questioning if they could visit their own doctors if the so-called patches were not extended.

A final repeal of the SGR modernizes the formula for determining Medicare reimbursements and will help the Centers for Medicare and Medicaid transition to a new system intended to incentivize quality of care and overall health improvements. This law allows seniors to retain access to quality healthcare, establishes predictability for the doctors who treat Medicare beneficiaries, and continues to give seniors the security and confidence they need when making healthcare decisions.

With that work successfully accomplished, we can and must do even more to strengthen Medicare and ensure the healthcare needs of all seniors are met, now and into the future.

Accordingly, yesterday, I introduced the Program of All-Inclusive Care for the Elderly (PACE) Innovation Act. My new bill, introduced with a group of bipartisan co-sponsors—including the lead Democratic cosponsor Rep. Earl Blumenauer, the Ways and Means Subcommittee on Health Chairman Kevin Brady and Ranking Member Jim McDermott—will allow CMS to test models that bring PACE's effective care plans to more seniors as well as individuals with disabilities.

By way of background, PACE is an effective, integrated and community-based program that works to raise quality of life of senior citizens, while keeping them in their homes and supporting their independence. It delivers the entire range of medical and long-term services including: medical care and prescription drug services; physical or occupational therapy; day or respite care; and medical specialties, such as dentistry, optometry, and podiatry.

Currently, participating in a PACE program is limited to those aged 55 and older who meet state-specified criteria for needing a nursing home level of care (LOC). However, many populations—including younger individuals, people with multiple chronic conditions and disabilities, seniors who need comprehensive care but do not yet meet the nursing home LOC standard—could benefit from the all-inclusive nature of the PACE model.

Having worked to bring the first PACE program to New Jersey, St. Francis Medical Center's Living Independently for the Elderly (LIFE) in Trenton, I've personally visited seniors who are enrolled in PACE and witnessed how this important program works to raise the quality of life of its enrollees. Today over 100 PACE programs are serving seniors throughout the country including four, soon to be five, centers in my home state of New Jersey. This bill is important to build on the success of the program and make it better, offering better comprehensive care and preserving the dignity of those most deserving of our care and attention.

To further strengthen the Medicare system and aid those individuals and families who are facing the reality of Alzheimer's disease, I also recently

introduced the HOPE for Alzheimer's Act (HR 1559). My HOPE Act would provide for Medicare coverage of a care-planning session for newly diagnosed patients and their family caregivers or legal representatives.

Mr. Speaker, my Alzheimer's legislation will fill an important gap in current Medicare services. Take for example an experience of one of my constituents, Mary Gerard of Ocean New Jersey. Mary was one the 15 million family members and friends who act as unpaid caregivers to Alzheimer's and dementia patients across the country every year.

When her mother Helen was diagnosed with Alzheimer's, Mary took charge and was there with her mother day in and day out—faithfully and lovingly—until she passed. She is a trained critical care nurse. She was equipped with knowledge and resources that many first time caregivers do not have. Yet even with a medical services background, she still struggled with the challenges of her new life as a caregiver.

Alzheimer's caregivers provide an estimated 17 billion hours of unpaid care every year. The emotional and financial toll can be immense. Many are untrained and offered little guidance to function in their

new role. Navigating the long-term care system is a daunting task and can appear overwhelming, particularly for those who have only recently received the news that a loved one has Alzheimer's disease.

Upon receiving this diagnosis, patients and their families—like Mary's—are frequently at a loss for how to effectively plan for the next stage of their lives. Passage of my legislation will empower individuals with much-needed information to outline their future treatments and care—giving patients HOPE, and a plan for their future.

As our population ages, it is imperative that we preserve and expand access to the services that enable senior citizens to live healthy and productive lives, and give seniors the security and confidence they need when planning for their future medical care.

Strengthening and preserving Medicare is a promise that every preceding generation has made and kept. It is our duty to continue to honor the senior citizens in New Jersey and around the country who have worked hard to provide for their families and help build our communities and deliver on promises made, for—at a minimum—another 50 years to come.